COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	March 18, 2026	Status	Closed

Provider Name	Deborah Cooperrider
Provider ID	018042922
Provider Address	417 Valley Dr, Valley Springs, SD 57068, USA
Provider Contact	DEBORAH COOPERRIDER

The items listed below are those that the provider was not in compliance with at the time of the inspection.

Compliance Plan Action #1

Administrative Rule:

67:42:01:13.01
An in-home or informal provider,
in order to qualify for child care assistance payments, shall:
(1) Be at least
eighteen years old;
(2) Submit to a
background check and comply with the requirements of § 67:42:17:13 for any
individual who cares for, supervises, or has unsupervised access to a child;
(3) Have documentation
of completed orientation training in each of the training areas listed in
§ 67:42:17:17;
(4) Submit to an annual
inspection;
(5) Meet health and
safety standards required by 45 C.F.R. § 98.41, in effect on September 30,
2016; and
(6) Complete a minimum
of three hours per year of on-going training and provide verification of
completion. Training must include any of the orientation training categories
listed in § 67:42:17:17.

Summary of Non-Compliance Finding:

At the time of the inspection, the provider did not have documentation of required three hours of annual training.
In addition, written permission to administer medications for one child was not available.

Corrections to be Made:

Documentation of training hours to be provided to the Office of Licensing and Accreditation.
A copy of the signed written permission to administer medication to be provided to the Office of Licensing and Accreditation.

Corrections Made:

Documentation of training hours and permission forms received on 03-31-2026.

Anticipated Completion Date:	**Date Completed:**
April 16, 2026	March 31, 2026

Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.

Deborah Cooperrider
Printed Name of Provider/Agency Contact

Deborah Cooperrider

3/18/2026, 10:02:18 AM
Signature of Provider/Agency Contact

March 18, 2026
Date

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Rita Trager
Printed Name of DSS Staff

Rita Trager

3/18/2026, 10:01:40 AM
Signature of DSS Staff:

March 18, 2026
Date